## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## RING OPTICAL PARAMETRIC OSCILLATOR/OPTICAL PARAMETRIC AMPLIFIER COMBINATION IN SINGLE BEAMLINE

	of which							
(check one)		as Application nded on (if applicable)					-	
referred to above	•			dentified specification, inclu				
Regulations, §1.	56(a).			nination of this application in				
I hereby claim for listed below and on which priority Prior Foreign A	have also identified is claimed:	ts under Title 35, United 5 below any foreign applica	States Code, §	119 (a) - (d) of any foreign a t or inventor's certificate hav	application a fil	ing date befo	nt or inventore that of the y Claimed [ ]	r's certificate application
(NUMBER)	)	(COUNTRY)		(DAY/MONTH/YEAR FILE	ED)	YES	NO	
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,		J.S.C. §119(e) of United S	States applicat	ion(s) listed below:	· <del></del> -			
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nventor's Signature:  Chelmsford, Massachusetts  Mailing Address:  16 Delwood Road, Chelmsford, MA 01824	Country of Citizenship:	Date: 10/27/2003 U.S.A.		
ll name of second inventor:				
eventor's Signature:		Date:		
esidence:	Country of Citizenship:	U.S.A.		
Mailing Address:				

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